MIDDLÉTON VILLAGE NURSING/REHABILITATION

6201 ELMWOOD AVENUE

MI DDLETON 53562 Ownershi p: Corporati on Phone: (608) 831-8300 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): Title 18 (Medicare) Certified? 97 Yes Total Licensed Bed Capacity (12/31/01): Title 19 (Medicaid) Certified? 97 No Average Daily Census: 58 Number of Residents on 12/31/01: **55** \*

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/01)	%					
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	72. 7		
Supp. Home Care-Personal Care	No					1 - 4 Years	25. 5		
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	9. 1	More Than 4 Years	1.8		
Day Services	No	Mental Illness (Org./Psy)	0. 0	65 - 74	12. 7				
Respite Care	Yes	Mental Illness (Other)	1.8	75 - 84	49. 1		100. 0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	23. 6	*********	******		
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	5. 5	Full-Time Equivaler	nt		
Congregate Meals			3. 6	ĺ	j	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	10. 9		100.0	(12/31/01)			
Other Meals	No	Cardi ovascul ar	5. 5	65 & 0ver	90. 9				
Transportation	No	Cerebrovascul ar	1.8	<sup>`</sup>		RNs	13. 6		
Referral Service	No	Di abetes	3. 6	Sex	<b>%</b> [	LPNs	13. 3		
Other Services	Yes	Respiratory	7. 3		· j	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	65. 5	Male	29. 1	Aides, & Orderlies	49. 5		
Mentally Ill	No			Femal e	70. 9				
Provi de Day Programming for			100.0		j				
Developmentally Disabled	No	·			100. 0				
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## Method of Reimbursement

		Medicare litle 18			dicaid tle 19	_		0ther			Pri vate Pay	;		amily Care		1	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	28	100.0	340	0	0.0	0	1	100.0	167	4	16. 7	167	0	0.0	0	2	100.0	300	35	63. 6
Intermediate				0	0.0	0	0	0.0	0	20	83. 3	154	0	0.0	0	0	0.0	0	20	36. 4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	28	100.0		0	0.0		1	100.0		24	100. 0		0	0.0		2	100. 0		55	100.0

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	, and Activities as of	12/31/01
Deaths During Reporting Period		ì					
ē .		ľ			% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 2	Bathi ng	0.0		52. 7	47. 3	55
Other Nursing Homes	0.0	Dressi ng	18. 2		54. 5	27. 3	55
Acute Care Hospitals	99.8	Transferring	10. 9		54. 5	34. 5	55
Psych. HospMR/DD Facilities	0.0	Toilet Use	10. 9		45. 5	43. 6	55
Rehabilitation Hospitals	0.0	Eati ng	45. 5		25. 5	29. 1	55
Other Locations	0.0	********	******	*****	******	*******	*******
Total Number of Admissions	522	Continence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	7. 3	Recei vi ng	Respiratory Care	0. 0
Private Home/No Home Health	<b>59. 8</b>	Occ/Freq. Incontinent	of Bladder	36. 4	Recei vi ng '	Tracheostomy Care	0. 0
Private Home/With Home Health	1. 1	Occ/Freq. Incontinent	of Bowel	30. 9	Recei vi ng	Sucti oni ng	1. 8
Other Nursing Homes	6.0				Recei vi ng	Ostomy Care	3. 6
Acute Care Hospitals	18. 5	Mobility			Recei vi ng '	Tube Feedi ng	5. 5
Psych. HospMR/DD Facilities	0. 4	Physically Restrained		1.8	Recei vi ng	Mechanically Altered D	i ets 16. 4
Rehabilitation Hospitals	0.4						
Other Locations	8. 0	Skin Care			Other Reside	nt Characteristics	
Deaths	5.8	With Pressure Sores		10. 9		ce Directives	100. 0
Total Number of Discharges		With Rashes		5. 5	Medi cati ons		
(Including Deaths)	535				Recei vi ng	Psychoactive Drugs	9. 1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	Ownership: This Proprietary Facility Peer Group		pri etary	50	Si ze: - 99 Group	Ski	ensure: lled Group	Al Faci	l lities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	<b>59. 8</b>	82. 7	0. 72	<b>85</b> . 1	0. 70	84. 3	0. 71	84. 6	0. 71		
Current Residents from In-County	92. 7	82. 1	1. 13	80. 0	1. 16	82. 7	1. 12	77. 0	1. 20		
Admissions from In-County, Still Residing	7. 7	18. 6	0. 41	20. 9	0. 37	21.6	0. 35	20. 8	0. 37		
Admi ssi ons/Average Daily Census	900. 0	178. 7	5. 04	144. 6	6. 22	137. 9	6. 53	128. 9	6. 98		
Di scharges/Average Daily Census	922. 4	179.9	5. 13	144. 8	6. 37	139. 0	6. 64	130.0	7. 09		
Discharges To Private Residence/Average Daily Census	562. 1	76. 7	7. 33	60. 4	9. 31	55. 2	10. 19	52. 8	10. 65		
Residents Receiving Skilled Care	63. 6	93. 6	0. 68	90. 5	0. 70	91.8	0. 69	85. 3	0. 75		
Residents Aged 65 and Older	90. 9	93. 4	0. 97	94. 7	0. 96	92. 5	0. 98	87. 5	1. 04		
Title 19 (Medicaid) Funded Residents	0. 0	63. 4	0.00	<b>58.</b> 0	0. 00	64. 3	0. 00	68. 7	0.00		
Private Pay Funded Residents	43. 6	23. 0	1. 89	32. 0	1. 36	25. 6	1. 71	22. 0	1. 98		
Developmentally Disabled Residents	0. 0	0. 7	0.00	0. 9	0. 00	1. 2	0.00	7. 6	0.00		
Mentally Ill Residents	1.8	30. 1	0.06	33. 8	0. 05	37. 4	0. 05	33. 8	0. 05		
General Medical Service Residents	65. 5	23. 3	2. 81	18. 3	3. 57	21. 2	3. 09	19. 4	3. 37		
Impaired ADL (Mean)	60. 0	48. 6	1. 23	48. 1	1. 25	49. 6	1. 21	49. 3	1. 22		
Psychological Problems	9. 1	50. 3	0. 18	51. 0	0. 18	54. 1	0. 17	51. 9	0. 18		
Nursing Care Required (Mean)	5. 5	6. 2	0. 88	6. 0	0. 90	6. 5	0. 84	7. 3	0. 74		